## **CERTIFICATE OF INTERESTED PARTIES**

FORM 1295

1 of 1

| _  |   |                                     |   | 1011               |  |
|--|---|-------------------------------------|---|--------------------|--|
|  | omplete Nos. 1 - 4 and 6 if there are interested parties. Omplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  |                                     | OFFICE USE ONLY CERTIFICATION OF FILING |                    |  |
| 1  | ame of business entity filing form, and the city, state and country of the business entity's place<br>business.   |                                     | Certificate Number:<br>2025-1301704     |                    |  |
|  | eynolds Asphalt & Construction Company  |                                     | 2025-1301704                            |                    |  |
|  | orth Richland Hills, TX United States   |                                     | Date Filed:                             |                    |  |
| 2  | Name of governmental entity or state agency that is a party to the contract for which the form is   |                                     | 04/28/2025                              |                    |  |
| _  | aine of governmental entity of state agency that is a party to the contract for which the form is sing filed.   |                                     |   |                    |  |
|  | collin County   |                                     | Date Acknowledged:                      |                    |  |
| 3  | Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. |                                     |   |                    |  |
|  | 2022-283  |                                     |   |                    |  |
|  | Road Materials Asphaltic Concrete   |                                     |   |                    |  |
| 4  |   |                                     | Nature of interest                      |                    |  |
|  | Name of Interested Party Cit  | ty, State, Country (place of busine |   | (check applicable) |  |
| _  |   |                                     | Controlling                             | Intermediary       |  |
|  |   |                                     |   |                    |  |
|  |   |                                     |   |                    |  |
| _  |   |                                     |   |                    |  |
| _  |   |                                     |   |                    |  |
| _  |   |                                     |   |                    |  |
| _  |   |                                     |   |                    |  |
| _  |   |                                     |   |                    |  |
| _  |   |                                     |   |                    |  |
|  |   |                                     |   |                    |  |
|  |   |                                     |   |                    |  |
| 5 Check only if there is NO Interested Party.                              |   |                                     |   |                    |  |
| 6  | UNSWORN DECLARATION   |                                     |   |                    |  |
|  | My name is, and my date of birth is   |                                     |   |                    |  |
|  | My address is _   |                                     |   |                    |  |
|  | (street)  | (city) (sta                         | ate) (zip code)                         | (country)          |  |
| I declare under penalty of perjury that the foregoing is true and correct. |   |                                     |   |                    |  |
|  | Executed in   |                                     |   |                    |  |
|  | 20 A. O. O.   |                                     |   |                    |  |
|  | Signature of authorized agent of contracting business entity (Declarant)  |                                     |   |                    |  |